Michigan Mental Health Commission

established by Governor Jennifer Granholm's Executive Order 2003–24

MENTAL HEALTH COMMISSION MEETING SUMMARY

April 26, 2004
Holiday Inn West
Lansing, Michigan

Commissioners Present

Patrick Babcock, Co-chair; William Allen, Fran Amos, Elizabeth Bauer, Beverly Blaney, Thomas Carli, Nick Ciaramitaro, Patricia Caruso, Bill Gill, Beverly Hammerstrom, Gilda Jacobs, Joan Jackson Johnson, Alexis Kaczynski, Guadalupe Lara, Sander Levin, Kate Lynnes, Milton Mack, Samir Mashni, Andy Meisner, Janet Olszewski, Donna Orrin, Jeff Patton, Brian Peppler, Michele Reid, Mark Reinstein, David Sprey, Roberta Sanders, Sara Stech, Rajiv Tandon, Maxine Thome, Marianne Udow, Tom Watkins.

The meeting was convened at 8:30 AM. Patrick Babcock called the meeting to order and stated that the majority of the day's meeting would be spent in work groups, confirming key issues and identifying preliminary recommendations for development.

Approval of March 29 Meeting Summary

The summary of the commission's third meeting (March 29) was reviewed by Kate Lynnes. William Allen and Elizabeth Bauer requested that their names be added to the list of commissioners present, since they were in attendance. The full meeting summary was then approved by a unanimous vote.

Updates

Public Hearings

Attendance at the three hearings to date is as follows: Grand Rapids had 40 individuals testify; Detroit had 110 individuals testify; Flint had 60 individuals testify. Summary comments were distributed to commissioners, organized by location. Full comments will be available after the Marquette hearing (4/29). Kate Lynnes commented on the need for more lead time for the public if the commission decides to hold any more hearings. The commissioners mentioned several issues that emerged repeatedly at each of the hearings:

- Mental health parity
- Medicaid eligibility
- Service delivery (dependent on which "institution" people came out of, hospital or jail)
- Available services

Website Public Comment

Commentary that has been received via the website thus far has been summarized by MDCH staff, and was distributed to commissioners at the meeting. This practice will continue at future meetings.

April 12 Seminar Feedback

The results of the survey on the April 12 seminar were compiled and analyzed by MDCH staff and distributed to the commissioners. Overall, the seminar was well received, though the majority of those responding felt that another seminar would be necessary because there was too much information to cover in just one day.

Commissioners wanted to hear "counterpoints" to those who participated at the April seminar; some believed that the providers were advocating for the status quo. MDCH was commended for putting together the material. It was recognized that the representation of consumers on the panels could have been better. Several commissioners highly recommended the CD that the department developed as a rich source of information.

Many commissioners have questions about the funding of the mental health system, and about Medicaid specifically. One commissioner described Michigan as having two kinds of Medicaid problems with regard to mental health: (1) the statutory rules and regulations, which are seen by providers as cumbersome and contributing to the decline of service availability and delivery; and (2) Michigan's decision to fund the entire mental health system with Medicaid under a waiver. Several commissioners commented on the need to understand the financing better so everyone can be clear who is responsible for what and where the money comes from. It was mentioned that there is a "disconnect" between who can and who can't receive services depending on Medicaid eligibility. Access to services has been one of the major issues at public hearings.

May 20 Seminar

A second seminar is being planned for May 20. In the dialogue of what that seminar should contain, there was some discussion of whether it should be postponed due to the availability of groups such as the Bazelon center. A few commissioners expressed dismay that they would not be able to attend the seminar, and there was some discussion of whether there would be future opportunities for learning about the system.

Ultimately, it was decided that the May 20 seminar would cover the financial aspects of the mental health system, as well as perspectives from other states and "best practices" in mental health care generally. Many commissioners wanted to have as good an understanding as possible about what the system is like *now* so they are better informed about recommending changes.

Mental Health Commemorations

May is mental health awareness month. May 2–8 is children's mental health week. The National Schizophrenia Association has requested the opportunity to make a brief presentation at the May commission meeting during public comment; it will be scheduled, and there will be a brief reception at the end of the day.

Commission Milestones

The following plan for completing the work was presented to the commissioners:

- The work groups should finalize their issues at this meeting. "Primary issues" are those belonging mostly to the specific work group, while "secondary issues" are those that might have some cross-cutting impact on other groups.
- Preliminary recommendations should be developed using three time frames: (1) those with immediate action in the context of today's policy/economic environment; (2) those with a short-term (three to five years) impact horizon; and (3) those with a long-term (five to ten years) impact horizon.
- The May 24 meeting will be used to incorporate "best practice" information from the second seminar into preliminary recommendations, and to finalize those recommendations. Recommendations will be finalized within the work groups by majority vote if necessary, but consensus is preferred.
- After that, lead staff and the Project Management Team will finalize all the recommendations for the June 28 meeting. That will be the first look at the "whole." The rest of the summer will be used for deliberating and refining the recommendations.

Some commissioners expressed an interest in getting public comment after the preliminary recommendations are released. Patrick Babcock said that we won't have "formal" hearings, but that commissioners should always be attuned to the public, through various meetings and the website. Additionally, preliminary recommendations may be posted on the website for public comment.

Work Group Reports

The chair of each of the work groups reported to the full commission its key issues and preliminary recommendations. The summaries of each of the work group meetings are available.

Public Comment (morning)

Lou Adams, representing Michigan Department of Labor and Economic Growth, Michigan Rehabilitation Services. Spoke about the importance of employment for persons with a mental illness and how it can be a critical factor for independence, dignity, access to quality health care, and community participation. Asked the commission to consider the following critical employment issues: (1) the availability of treatment resources (both therapy and medication) is inconsistent around the state, which can have a significant impact on a person's potential employment; (2) "cost shifting" by CMHs to Michigan Rehabilitation Services (MRS) for services CMH used to provide (e.g., long-term follow-up for supported employment); (3) CMHs referring all persons with mental illness for employment, often before they are ready (If a person's illness is not sufficiently under control it is very difficult for him or her to transition into employment. MRS does not have the necessary staff to serve these people.); and (4) CMH performance measures are based on traditional medical models and/or cost reductions, which do not recognize ancillary issues such as prevocational needs and transition to workplace skills. Encouraged the commission to seek more participation from disability service providers, advocacy groups, consumers, and employers regarding employment barriers, challenges, and needs. Also encouraged the commission to be more aggressive about seeking federal funds.

Duncan Wyeth, representing Michigan Department of Labor and Economic Growth, Michigan Commission on Disability Concerns. Summarized a letter from MRS that resulted from a recent conversation with Patrick Babcock (a copy of the letter was provided to Mr. Babcock). Spoke about how many consumers have both developmental disabilities and mental illness. A mental illness often interferes with a person's ability to effectively utilize rehab services and his or her ability to gain employment. Because MRS cannot pay for mental health treatment, clients with dual disabilities "bounce back and forth" between CMH and MRS. If the state addressed these problems, more clients would be employed and might have a benefit package that includes insurance coverage for mental health treatment. The Commission on Disability Concerns expressed an interest in working with the commission on employment issues.

Steve Ruskin, consumer from Oakland County, a board member of Oakland County CMH, and an adjunct member of Work Group V. Spoke about the need for everyone to work together. Mr. Ruskin encouraged commissioners to embrace persons with mental illness as members of the community, not to see them as "consumers" or "patients." He relayed his personal positive experience with person-centered planning and how, when it works, it gives the individual the choice to succeed or fail on his or her own.

Mary K. Balberde, president of the Michigan Association of Community Mental Health Boards. Spoke about the need to capitalize on what is right about the CMH system. Related a success story of a single-parent family in Newaygo County receiving CMH services—linking and coordinating services from several agencies to best serve a boy with autism. Joint efforts through wraparound services (FIA, teachers, church members, and an autism specialist) have helped keep him out of the hospital for the last nine months; he attends school with the help of an aide and also receives community supports from CMH.

Betsy Kristine Brown, consumer from northern part of the state and a board member of North Country CMH. Spoke about her history with a mental illness, including problems experienced, stresses, and services received. Praised the CMH services that she has received, including inpatient hospitalization, adult foster care, clubhouses, and ACT. She said that CMH services kept her alive. She also described how she struggled once she was employed in the private sector and attempted to receive treatment through her employer's insurance. She found that she was unable to access the services she needed for severe anxiety and depression because of coverage limitations. She lost her job as a result. Expressed her concern that the whole system will be discarded with nothing in its place, rather than fixing discrete problems. Spoke about the need to change the CMH grievance and appeal process, the need for more choice in selecting services and therapists, and the need for better options for transporting seriously ill/de-compensating family members to hospitals. She currently is very active in the CMH clubhouse program and speaking at conferences.

Joyce Kortman, Michigan Association of Community Mental Health Boards representative (submitted written testimony). Spoke about risk factors for children and the service limitations that are imposed by Medicaid regulations and the Mental Health Code. Need to help all of the children who need services and need to have more prevention and early intervention services for children.

Jeff Capobianco, psychologist from southeast CMH affiliation (Lenawee, Livingston, Monroe, and Washtenaw Counties). Spoke about performance/quality improvement and evidence-based practice. Performance improvement needs to focus on (1) leadership (long-term vision); (2) strategic planning (adoption of common language and common definitions); (3) customer satisfaction (not just "lip service"); (4) statewide clinical practice guidelines, and (5) adoption of evidence-based practices, including: measurement analysis/knowledge management, SAMHSA tool kits, supported employment, family psycho-education, co-occurring services, Minkoff's Comprehensive Continuous Integrated Systems of Care (CCISC), fidelity scales that use consumer/family assessment teams, accreditation at the local level to reduce the accountability efforts at the state level, and regional programs of excellence and focus on linking services from all providers. He also stressed the need to use technology to improve services and reduce costs.

Public Comment (afternoon)

Mrs. Adele Grafano, mother of adopted daughter from Oakland County. Spoke very emotionally about her daughter's mental health and substance abuse problems (fetal alcohol syndrome, bipolar disorder, ADHD, and substance abuse). Stated that Medicaid HMOs are too limiting for children with multiple physical and psychiatric problems. Several doctors refused to treat her daughter. Her daughter received CMH wraparound services, but they were not successful. Daughter's behavior became worse over the years. Mrs. Grafono's husband died of a heart attack she believes was brought on by the stress from her daughter's situation. She criticized the current CMH service system, particularly Oakland County CMH, as not supporting parents and families. She stated that team members were placed on her daughter's case without the parents' consent. The treatment never addressed her daughter's violent behavior.

Her daughter no longer lives with her—was removed by the state. Spoke about being threatened by FIA and wraparound service providers regarding her daughter's care. She was charged with a felony based on her daughter lying about what happened in the home (daughter claimed she was trying to drown her; mother stated she was trying to wash her daughter's hair because of poor hygiene). As a result of the felony conviction, her 15-year-old son was removed from her home and she is not allowed any contact with him. Said that she "lives in fear" because her daughter, who is on the streets and using drugs, has threatened her with physical harm. Asked that the system be changed and that help be provided to parents and families.

Karen Schrock, Executive Director of Adult Well-Being Services, contract agency of Detroit-Wayne County CMH. Spoke about a workforce shortage in geriatric services—this is a national problem as well as a state problem. Will get worse as the baby-boom generation continues to age. Asked that the commission consider this problem in its work.

Bob Dillaberg, consumer from Oakland County and a board member of Oakland County CMH. Spoke about the "Families in Action" support program that NAMI of Oakland County provides to families when they first learn of a family member's mental illness.

Supports this approach and asked that this program also be provided by the CMH system. [**Note:** this is a statewide program.]

Adjournment

The next commission meeting will be held on May 24 in Novi.